Inviting intimacy: the interview as therapeutic opportunity

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This paper explores an aspect of the use of qualitative interviewing methods in researching sensitive and private aspects of people's lives. Using examples from two research projects that involved inviting participants to narrate their experiences of personal transition, the dilemmas encountered in doing this type of 'intimate' research are explored. By creating a space in which participants were invited to, and felt able to, narrate their personal experiences, both researchers found they shared a sense of what had constituted a 'successful' interview. This was one where the personal narratives constructed gave a distinct sense of a 'real' self through self-disclosure. Yet feelings of responsibility for acts of self-disclosure were experienced differently by the researchers. When the boundaries between doing sensitive feminist research and what other 'experts' do—counselling and therapy—became blurred the researchers reacted in different ways. This raises questions about the co-producing role of the sensitive feminist interviewer and prompts consideration of the ways in which qualitative interviewers are prepared for data collection in research. Can the invitation to narrate past and present experiences, together with future hopes, avoid offering potential therapeutic opportunities?

Introduction

In this paper we examine the use of qualitative interviews in researching sensitive and private aspects of people's lives, what we call the 'intimate' sphere. As qualitative interviewers, with an interest in narrative construction, we have actively encouraged participants in our research to articulate their experiences of personal change, which may, or may not, have been shared previously with others and may, or may not, be difficult to voice. This has led us to question the very nature of this type of research encounter and the dynamics that operate within it. During the process of inviting individuals to engage in a reflexive project the researcher may become the catalyst for revisiting very private and/or unhappy experiences. The retelling of such experiences in the interview setting raises questions about the ways in which researchers make judgements about what constitutes a 'good' or 'successful' interview. We argue that, when researching intimate, personal experiences and relationships, the research-ers' judgement of a successful interview may depend upon hearing something 'deeply' personal and private. While the researcher hears a

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personal, private narrative that may not have been previously disclosed, the interviewee may experience the action of disclosure as a revelation, prompting a new understanding of past events. In turn, this has led us to consider the ways in which this sort of qualitative interview setting can be seen to parallel the therapeutic encounter. The endeavour to create a successful interview can be likened to the processes employed by other professionals—counsellors and therapists—involved in therapeutic work. Creating a space in which individuals can reflect on, reorder and give new meanings to past, difficult experiences underpins much therapeutic practice. In this paper we use examples from our own most recent research projects to question both the ways in which judgements are made about what constitutes a successful interview and where responsibility for creating a potential therapeutic encounter can be located.

Our research projects were concerned with very different substantive topics; namely, the transition to motherhood, and the experience of 'psychotherapies' in alternative health settings. But both areas raised similar issues when we began to explore the data collection and more specifically the interview relationship. Our experiences of the research interviews left us with a sense of what we both considered constituted a 'successful' interview. We found that we had both experienced interviews in which personal revelations and disclosures were made and which we judged to be 'good' data. Yet while we as researchers were judging the interviews in this way, the participants were also judging the interview in another way. In some instances, the participants described the opportunity to reflect and voice past, difficult experiences as having been 'therapeutic'. In this paper we use the term therapeutic to represent a process by which an individual reflects on, and comes to understand previous experiences in different—sometimes more positive—ways that promote a changed sense of self. This understanding is drawn from the detailed discussion of what constitutes a therapeutic event summarized as a particular type of 'emotional processing' (Mcleod 1997: 123). The generalized practice and theories of psychotherapies and counselling demonstrate this emotional processing as the act of self-disclosure, telling about your sense of self, and all practices converge on the objective of reconstructing such narratives. This is achieved through reflection and re-narrating personal experiences, arriving at different meanings and new understandings. Both settings—the therapeutic practice and the qualitative interview—can involve acts of self-disclosure, the revealing of intimate personal meanings in the presence of a listener.

Many proponents of qualitative research have recognised that the interview is a distinct type of social relationship. This relationship may involve, disguise, use and create many differing aspects of social interaction, such as power, friendship, reciprocity and shared under-standings (Devault 1990, Douglas 1985, Edwards 1993, Holstein and Gubrium 1995, Oakley 1981, Ribbens 1989, Stanley 1990). In this paper we seek to present a finer focus of understanding intimacy within this social relationship. First we provide a brief discussion of our respective research projects before moving on to explore the theoretical arguments which have been used to link the processes of telling about yourself and the

(re)construction of identity. The connection between personal revelations, new understandings and therapeutic encounters will be considered and illustrated by examples taken from our research. Finally, the implications for those engaged in qualitative research into private and, potentially intimate spheres, will be considered.

The research areas

Both research projects used in-depth interviews to gather accounts of personal meanings given to specific life experiences. Both were carried out as doctoral research projects. The first, carried out by Tina, was an exploration of women's experiences of becoming mothers. The study, entitled 'An exploration of first time motherhood: narratives of transition' focused on how individual women develop and construct meanings around a professionally defined, but personally experienced, period of transition (Miller 2000). Qualitative methods were used and these took the form of semi-structured depth interviews. Seventeen participants were interviewed on three separate occasions: once antenatally at seven to eight months pregnant and twice postnatally, at six to eight weeks following the birth and finally when the baby was eight to nine months old. The research was designed so that the interviews could capture episodes of the women's experiences through their transition to first-time motherhood. Participants were accessed through snowballing using Tina's own social networks as a starting point. This involved asking mothers at the local primary school that Tina's children attended if they knew of any first-time pregnant women. This process turned out to be unexpectedly protracted. In retrospect it was naive to assume that women who were expecting their first child would be in contact with other women in similar circumstances. Networks, which might exist for those women with children, do not necessarily exist for those who are at an early stage of transition, expecting a child (Brannen and Moss 1991). Although access through more formal channels such as antenatal clinics or through health professional contacts would have been quicker, these routes of access were not pursued. This was because Tina did not want potential participants to feel that the research was in any way professionally allied to the delivery of health and medical services. Eventually a total of 49 interviews were carried out.

The second research project, carried out by Maxine, was an ethnographic study entitled 'The quest for self-discovery: the reconstruction of self-identity stories in alternative therapy groups'. This study involved Maxine becoming a participant observer in four alternative therapy groups. The groups all shared a common aim of self-discovery, which involved discovering an 'inner self'. This inner sense of self was described as the experience of being real in contrast to the superficiality of the social 'outside' world. Ultimately, this process of knowing yourself was predicted to promote personal change. The participant observation was complemented by interviews with the facilitators and group members. Other facilitators of similar groups were interviewed. The groups and other facilitators were located in a private complementary/alternative health

market, which existed on the margins of the formal accredited counselling and psychotherapeutic practices (Birch 1997 and 1998). For the purposes of the argument developed here, two aspects of the data collected from this research project are discussed. Firstly, the interview narratives collected from all the facilitators and members of the therapy groups and secondly, from the analysis of the four alternative therapy groups gathered from the researcher's participation. Importantly, the interviews took place after the researcher had participated in the groups. This will be explored later and compared with Tina's experiences.

The 24 interviews were used to gather accounts of how the participants and facilitators had become involved in the groups and to explore their personal experiences of the processes termed 'self-discovery'. Six facilitators and fifteen participants made up of equal numbers of men and women, were interviewed individually. The remaining four facilitators and two participants choose to be interviewed in couples, this reflected their co-habitating partnership outside of the groups. The interviews took place in the respondents' own home. The interviews were designed to be as unstructured as possible. Before each interview a prior negotiation took place where the researcher proposed that each interview should be a free discussion of the interviewees involvement in the therapy world. The respondent was also given the option to make certain decisions regarding the structure of the interview: where it should occur, how long it should be, and how the opening question should be framed. There were no other questions identified by the researcher.

Although our respective projects involved different contexts, our experiences as interviewers were brought together through what we discovered to be our shared understanding of a 'good' interview. We found that this judgement depended upon hearing a particular style of narration, which involved self-disclosure. Moreover, the more intimate and revealing we, as researchers, felt the interview to be, the more we felt we had gathered 'real' meanings. This style of narration was found also at times to coincide with participants' perceptions of the interview as therapeutic, where they regarded the narrating of past experiences as having prompted new understanding. In both studies our research respondents were going through a process of personal change. Transition to motherhood is frequently viewed as a 'natural' life process, an embodied period of change, whereas the goal of therapy in the research groups selected in Maxine's study encouraged the search for an inner self in order to promote personal change. The focus of our projects then was on the participants' narratives produced to describe and explain their unique stories concerning a period of transition.

Theorizing personal change in debates on self-identity and narrative

Narrative can be seen as a device through which individuals make sense of experiences. By inviting someone to talk about aspects of their life the researcher is asking that an individual translates their sense of 'self' into language. The link between telling about yourself, assembling life stories,

and the construction of self identity, is now well theorised (Giddens 1991) and empirically analysed through research which concentrates upon the narration of life stories (Bruner 1995, Corradi 1991, Josselson and Lieblich 1993, Reissman 1989). Life stories are an assembly of events narrated into 'episodes' (Somers 1994, MacIntyre 1981). The invitation to re-tell past experiences can then become an opportunity for (re)constructing narratives in different ways, evolving different perspectives on the past, leading to different understandings of the present, with implications for the future (Plummer 1995, Ricoeur 1992, Rosenthal 1993, Taylor 1989). It is in this way that narration both produces and is constituted by the processes of making sense. This has been shown when individuals transform painful, unhappy and/or difficult life events into a narrative of acceptance or 'success stories', where misfortune and problems have been overcome (Frank 1995, Kleinman 1988, Reissmann 1989 Robinson 1990). It is this process of transforming narratives, which has led us to draw parallels between the role of the researcher in sensitive qualitative research, and the role undertaken by the therapist. In our respective research projects we found that the interview encounter enabled participants to voice experiences of personal transition leading some of them to understand something differently, to narrate their past in a different way.

The emergence of the psychotherapies can be argued to constitute a new cultural form of modern day story-telling. Story-telling about personal and intimate experiences may involve, encourage and/or initiate/reactivate feelings. This emotional expression is fundamental to the application of psychotherapeutic methods, which cover a wide range of practices such as counselling, social work and self-help groups (Mcleod 1997). It is also apparent that such therapeutic practices are increasingly sought in American and British contemporary social life (Birch 1996, Gergen 1991, Mcleod 1997). A consequence of this growth is the entry of psychotherapeutic awareness into popular culture. The popularization of a therapeutic culture suggests that people are beginning to appreciate the value of expressing their feelings, not keeping things 'bottled up'. Many social theories comment on the growth of a 'therapeutic culture', also termed an 'expressive culture' (Gergen 1991, Mcleod 1997, Plummer 1995). It is this notion of expression that informs the possibility of exploring therapy as a cultural perspective where ''a therapy session is a site for telling certain stories in a certain way'' (Mcleod 1997: 2). The psychotherapeutic method of telling stories uses self-reflection in a systematic way to achieve 'the constructing of a narrative, the making of a generalized biography into a specific autobiographical tale' (Bernstein 1990: 56). Thus the understanding of reflexive story telling, telling about yourself, your past, your hopes, is the reflexive project of the self (Giddens 1991) where self-identity and story-telling become intertwined as a rudiment feature of psychotherapy. Public acts of self-disclosure are routinely seen in the media, on chat shows and in newspaper articles, and these may inform us about the possible roles of an interviewer and how stories can be framed. Reconstructing life narratives or 're-authoring' your story is now a distinct method in many formal therapeutic settings, for example narrative therapy used with children as proposed by White and Epsom (1990) and neuro-linguistic programming (NLP), which seeks to change the words a person uses in their life stories.

It is within this context that the qualitative interview can be seen as another site for 'telling a certain story a certain way'. Furthermore, the interviewer's position of listening and witnessing the disclosure of personal narratives mirrors the position held by the therapeutic mediator. When researchers ask about private, emotional aspects of a person's life, the (re)telling of such experiences can reveal a sense of the teller's individuality or uniqueness. Thus personal identity is pivotal in making sense of life experiences and uniting such experiences into a coherent narrative (Ricoeur 1992, Taylor 1985). The social research interview and the psychother-apeutic session both aim to explore the private experiences of subjectivity, the emotional self, as distinct from the public presentation of self (Bendelow and Williams 1998, Burkitt 1995, Goffman 1969, Hochschild 1983). The expression of emotions as representing an 'inner' more private sense of self is paralleled in the developmental theories of psychoanalytical thought. Therapeutic change implies the resolution and release of such repressed emotions. Thus the therapeutic relationship is founded upon the act of listening and witnessing the expression of emotions and thus the disclosure of a more private self (Rose 1989).

It is this aspect of the therapeutic relationship that Rose (1989) explores from within a Foucauldian framework to show how subjectivity, is bound within therapeutic discourse. This type of narration occurs within the genre of the confession, where surveillance is operated from both the teller and the listeners. Once intimate feelings are articulated to another, the teller and the listener have the chance to reflect upon what has just been said. This reflection by both parties constitutes a process of monitoring, through the confirmation and judgement of what was said, even if this judgement is never voiced. As Hoshchild (1983) notes in her study concerning the commercialization of emotions there is a very narrow division between the question 'what do I feel' and 'what should I feel'. The process of monitoring begins to survey how the private intimate story becomes a public story produced for the audience, the researcher. As researchers we seek to hear each individual account and feel satisfied when this account reveals a sense of a real person. However the opportunity to perceive this as therapeutic remains with the respondent as the interview is a common site of social interaction. In the qualitative interview setting then, hearing something private and personal can become a measure of a good or successful interview for the researcher and a possible measure of a therapeutic encounter for the respondent.

The successful interview: a site for personal reflection and change?

In our research we found that 'success' of an interview was informally judged in terms of participants constructing narratives of experiences, which may or may not previously have been voiced. This in turn was underpinned by perceptions of shared common-sense beliefs of authenti-city. That is the telling of experiences, which must be more 'real' if there are feelings and emotions behind such an account. In addition to judging the authenticity of narratives as the presentation of an individual 'self', we

found that this sense of self was also more compelling if it was found to resonate with those of other participants. Therefore the 'truths' of experience (Personal Narratives Group 1989: 261) can be discovered. We now discuss our two research studies to illustrate how the interview setting as a potential site for gathering 'good' and 'authentic' data can be shown to offer the possibility of a therapeutic encounter.

The transition to motherhood study

The aim of Tina's study was to collect women's accounts of their experiences of transition into motherhood (Miller 1998 and 2000). At the end of the study, following the in-depth interviews, a short questionnaire was sent to the participants inviting them to write about their experiences of being part of a research project. During the course of data collection it gradually became apparent that the longitudinal design of the research facilitated an opportunity for the participants to reflect and reconstruct narratives of experiences related in previous interviews. Increasingly, Tina came to feel that she was being cast in the role of counsellor or therapist, as women began to make sense of their experiences of transition to motherhood. Her concerns about this arose from a distinction she perceived to exist between researchers engaged in social science research and other professionals—counsellors and therapists. The blurring of the boundaries between the two left Tina feeling uncomfortable because it raised concerns about responsibility. Yet ironically, at the same time Tina was making informal judgements about how good or successful an interview had been on the basis of revelations and self-disclosures made. What can be voiced about experiences of transition to motherhood are constructed within particular notions of culturally acceptable ways of talking about motherhood, in this context, narratives which challenged such notions were judged to be more interesting and 'better' data.

   In the examples that follow, extracts from interview transcripts and end-of-study questionnaires illustrate the ways in which the research encounter was perceived and used by some of the participants to reflect on, and make sense of, past experiences:

Kathryn: You know when I had all the problem with the anorexia that the psychiatrist that I saw said that I was one of the strongest people she had ever met and how amazingly in control of my emotions I was and I think that's probably it, and that probably explains why still I think that Rupert (baby)...there we are, you've sorted out all my feelings.
Tina: I suppose it is, it fits...It fits. You've got your emotions so tightly screwed down about your...about him. I mean obviously I'm not here...I'm not a psychologist
Kathryn: No, there we are.
Tina: ...   Well you've sorted it out **yourself**.

                                                                           (emphasis added)

Tina remembers driving away from the interview feeling responsible for having unleashed, rather than 'collected' this women's experiences. Yet the feelings of responsibility and concern Tina experienced were eventually absolved by a comment made by the participant in the end of study questionnaire:

> The subject of pregnancy and motherhood is so intensely personal that one is often reluctant to discuss it openly...with my baby at eight weeks old, so much had happened and so many changes were taking place almost daily that it was hard to assimilate everything and the second interview helped to consolidate my feelings. Nine months later I had come to terms with the enormity of the changes and it was helpful to analyse—through the research project—why I had reacted in certain ways to different things.
>
> (Kathryn: end-of-study questionnaire)

Here the participant reveals that the research process 'helped' her to organize her experiences and feelings. Clearly here she is taking responsibility for the personal changes she has explored through the research process that she has experienced as beneficial. Yet where outcomes are less positive, and/or unknown, Tina feels the issues of responsibility may be more keenly felt by the researcher and less easily resolved. An example of this occurred when a new mother felt unable to participate in a planned second interview in the early weeks following the birth of her child. During the course of several telephone conversations the participant arranged to be interviewed and then cancelled shortly before she was due to meet Tina. Eventually, she revealed that she had been diagnosed as suffering from 'postnatal depression'—a label she rejected—but said that her husband and health visitor did not think it would be helpful for her to be interviewed or involved in the study. Tina felt some concern that her research may have been a factor in this participant's palpable unhappiness. This concern was reinforced by a comment from the participant that both her husband and her health visitor felt that it would be unsettling if she were interviewed again.

During the data collection phase of her longitudinal research, Tina would remind participants of what they had voiced in previous interviews. The ways in which this, together with the interview setting can promote reflection is illustrated in the following interview extract:

> The interviews themselves were extremely adept at making me consider certain issues and feelings which I might otherwise have dismissed. It was also fascinating to look back at the way in which I had responded in previous interviews and then to consider my changing views and feelings. It also helped me to rationalize my otherwise irrational thought processes. I thought the interviews were timed to perfection, possibly because the researcher was a mother herself and therefore understood the amazing swing of emotions during that very short period...in relation to life before baby, once you have accepted that the life you are now living is yours—not someone else's, and that the baby is here to stay.
>
> (Diana: end-of-study questionnaire)

The tenuous nature of participant's accounts is also clear in the following extracts:

> At the third interview I didn't recognise any of my answers to the second one...I always thought of lots of things I'd wanted to say after the interview was finished, but of course had forgotten them completely by the next interview.
>
> (Peggy: end-of-study questionnaire)

> I remember when you know I was in hospital and things I thought oh, I'll have to tell Tina this, I'll have to tell Tina that.
>
> (Philippa -Interview)

Other participants in the study similarly found that the opportunity to reflect on their experiences of anticipating and becoming a mother led to a contemplation of past events and their changing sense of self. Partnership and other issues were also raised and 'revelations' voiced. An example of reflection and revelation is clear in the following extract from an antenatal interview, the participant is reflecting upon her changed relationships with friends during the period of transition to motherhood and being perceived by them as having changed:

> ...They can't understand how I just want to sort of ...I suppose I'm a bit schizophrenic in terms that I have the me that's me, and I have the me that's what Anthony (husband) calls 'the Felicity', who sees people and is sociable and very out going and which my friends always see. I think there is...there are definitely two sides to my personality which only Anthony is probably aware of, **and now you**.
>
> (Felicity, antenatal interview. Emphasis added)

These extracts illustrate the ways in which the research process can prompt reflection. Yet for these women the experience was positive. Where the interview setting becomes a catalyst for reflection that is more negative, the issue of responsibility for prompting such reflection may be more difficult to place. Tina noted her own lengthy contributions in interviews where women were voicing difficult aspects of their experiences, possibly because they did not resonate with a more publicly recognisable or acceptable 'success' story of being a mother. In trying to create a space in which women felt able to voice difficult experiences was Tina a co-producer of the interview story? Or did she provide a way forward—through confirmation of the diversity of mothering experiences and the repairing of a negative sense of self? Or was it both? At one level, as a sensitive interviewer, the aim had been to 'give permission' to voice all aspects of personal experience, to participate in a 'good' interview. Yet adopting such a position could be seen to blur further the boundaries between the research interview and encourage a therapeutic encounter. The use of the research interview as a 'therapeutic opportunity' resulted at times in a feeling of unease for Tina, possibly because she had no personal experience of therapy in a 'formal' sense. Her concerns were that, apart from embracing the principles of sensitive feminist research, she did not possess the professional 'skills' she perceived a trained therapist to have, to help those who had come to new—and potentially unsettling—understandings in the process of voicing experiences

The alternative therapies study

From the therapy study two aspects of the interview as a site to encourage personal change are discussed and compared to the group processes observed in the field. As found in Tina's research some respondents explicitly found the process of the interview as therapeutic. A statement from the facilitator of a co-counselling group illustrates this. Even though she was very experienced in the therapy world she found the act of assembling and connecting narrative episodes revealed a new awareness:

Facilitator: It's amazing to talk like this, I never talk like this ... It's great to put it all together and listen to yourself. It all makes sense.

Other participants in the therapy groups acknowledged the value of having the space to talk in the interview and the importance of being able to talk about things perceived to matter:

Participant: It's like talking to you now, we have forgotten how to talk to each other, we all rush around being busy. If only we could talk about the things that really matter.
Participant: I could never really talk to people, about real things, about my feelings, like I am now to you. Going to the group has helped me really talk.

'Things that matter', 'really talk', 'to put it all together' were perceived to be the chance to talk about feelings and more private concerns. Here the respondents appear to be judging a successful interview along similar criteria to Maxine as the researcher. This location of feelings and intimacy were perceived as representing a more real self.

After one interview with a couple, who had met at the therapy group, they revealed how they had experienced the interview as therapeutic, as shown in the following extracts:

Participant a: This has really helped, to talk today like this, we haven't talked for a while...I feel better about us now.
Participant b: It's reminded me of how we love each other, it is so easy to forget those feelings.

The interview had involved the couple talking about what they wanted from a relationship and how they had met each other. The act of disclosing these feelings to the interviewer, and to each other, brought about a feeling of resolution. It can be argued from these examples that the role of mediating a therapeutic process is taken on unwittingly by the interviewer, in this instance Maxine had become the listener, the witness to such a process. Maxine's interviews took place after her fieldwork as a participant in the groups. The alternative therapy groups promoted and taught the processes of self-discovery. This meant that prior to the interview both the researcher and the interviewee had already been involved in a range of techniques to share intimate and personal experiences with group members. The group had become the site to voice difficult experiences. The respondents and researcher had been taught by the therapy groups how to experience and present to others a perceived real self, or inner self. However while the groups had encouraged members to be expressive and emotional the interviews remained as a site to 'talk', in which impersonalized narratives were presented.

In order to explain why such narratives were constructed in the interviews, the context of the therapy world in which they occurred needs to be considered. Maxine's analysis of the field data demonstrated how the processes used in the groups revisited past, unhappy and painful experiences in order to reflect and examine until such experiences could be understood in a new way. The final version of this retelling was the production of a more public story, which changed the way these experiences were perceived. As one participant stated 'the negatives change

to positives'. The interviews, which aimed to create an unstructured, free space, within the remit of understanding 'self-discovery', resulted in the respondent taking the lead. This open approach led to an interesting presentation of interviewees as being 'well-versed story tellers'. Most of the facilitators and participants had told stories about their therapy experience many times before. In contrast to Tina's lengthy contributions to encourage voicing difficult experiences, in the therapy study the interview transcripts illustrated how few contributions Maxine made. The respondents were able to talk in the interviews in a very 'full' way. However the narratives produced were public accounts in which personal disclosures were surprisingly absent. The interviews tended to recount the stages of self-discovery encountered on the therapy journey, a sort of adventure genre of 'what I did next'.

Therefore the therapeutic opportunity of the interview setting was not perceived as the responsibility of the interviewer but remained firmly located within the group processes. The interviewees had not revisited past emotional events in the interview setting as a means to reflect upon such events, but recognised the therapeutic processes of talking about such events as already learnt in the groups. Nonetheless the analysis of the interviews revealed a preponderance of 'echoes' where many narratives resonated with those of others in the group. Therefore Maxine's judgement of a 'successful' interview occurred when she heard the public therapy story confirmed. So, while both research projects produced interviews that were perceived to be therapeutic for the interviewee, the researchers experienced the 'therapeutic encounter' very differently.

Researching the intimate sphere: concluding thoughts

The issues that have concerned us here have been whether interviews seeking to gather and explore personal experiences using sensitive qualitative research methods can avoid becoming therapeutic opportunities. Another question we have explored has been whether as researchers we should, or can, avoid being placed in a therapeutic role by the interviewee. Feminist writers have considered the possibility of 'therapeutic pay offs and opportunities for personal growth' if people are encouraged to talk about themselves (Brannen 1993). Similarly, Kennedy Bergen (1993) has argued that doing feminist research has allowed her to interact with women participants as 'counsellor, researcher and women' (1993: 208). The perception of the interview as a 'therapeutic opportunity' by the respondents in the two studies centred on the acknowledgement of being able to talk and be listened to. A difference in the placing of responsibility occurred between the two contrasting contexts. Tina felt she was placed in the role of being responsible for creating the space, thus enabling this therapeutic opportunity. In contrast, in Maxines' study, the participants in the therapy study interviews identified talking and listening as part of the therapeutic process with which they were familiar. As researchers we encourage a therapeutic setting especially if we are trying to construct a social relationships of reciprocity, friendship and shared understandings with the aim to uncover what is being felt at a deeper level. It is this request for

intimacy, which inevitably propels the interview towards the goals of self-reflection and self-examination. This then has implications for researcher training. Along with other ethical considerations, the qualitative researcher must continually consider the potential implications of inviting individuals to engage in a reflexive project, which may lead to the revisiting of unhappy experiences. Whilst this may result in new understandings being achieved and perceived as positive outcomes for the interviewee, it may also result in the respondent placing the interviewer in a role she/he does not feel fully able to fulfil. The researcher then must be aware of the potential need to support the participant in accessing other forms of 'professional' help, or to consider continuing to provide support themselves (Oakley 1992, Vaughan 1986). Social science researchers who set out to explore the intimate sphere must be prepared for encounters being perceived as opportunities for therapeutic engagement. Acknowledging that this may occur during an interview and deciding a plan of action if the need arises is a necessary step for the researcher to take.

Yet, whilst we can make recommendations for the researcher involved in exploring personal and private life stories, we must also question the judgements informally made about the data gathered in such encounters. As interviewers we need to try to suspend the belief that a more personal story reveals a more authentic story. We are responsible for co-producing such accounts, but can we ever be certain about the researchers role in the production? This is especially difficult to assess in the unstructured interview, which is particularly conducive for gathering open, intimate stories. Here the interviewer's questions and responses may be either used less frequently, as in Maxine's interviews with 'well versed story tellers', or used more when perceived to be necessary to encourage sharing experiences as in Tina's interviews. Nevertheless, whichever position is adopted, a silent monitoring of success continues throughout both approaches. Tina and Maxine both experienced a sense of satisfaction when the respondent said something that resonated with other interview accounts.

In this paper we have presented examples from two research projects that have involved inviting participants to narrate their experiences of periods of personal transition. During this process it was found that the interview setting could be perceived as offering a therapeutic opportunity in which participants could revisit and reorder past experiences. When the boundaries between doing sensitive feminist research and what other 'experts' do - counselling and therapy—became blurred the placing of responsibility for the perceived therapeutic encounter was experienced differently by the researchers. However, both researchers found they shared a common understanding of what constituted a successful interview. Judgements of success were premised upon hearing what were interpreted as more intimate and authentic accounts. These judgements were further reinforced when accounts were found to resonate with those of others in the research. The invitation to narrate past and present experiences, together with future hopes, can be seen to provide the opportunity for participants to come to understand their experiences in different ways. Researchers must increasingly consider their role—and responsibilities—in the co-production of such accounts.

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